

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90019 019 ****70.00

DOCUMENT # 720214

1. Entity Name

BROWARD CHILDRENS CENTER, INC.

Principal Place of Business

200 S.E. 19TH AVE.
 POMPANO BCH FL 33060

Mailing Address

200 S.E. 19TH AVE.
 POMPANO BCH FL 33060

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1378244

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEGGS, WILLIAM
2929 E. COMMERCIAL BLVD
PENTHOUSE SUITE A
FT LAUDERDALE FL 33308

Name

Joyce T. Steward, C.P.A.

Street Address (P.O. Box Number is Not Acceptable)

289 East Oakland Park Blvd.

City

Ft. Lauderdale,

FL

Zip Code
33334

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BEGGS, WILLIAM	
STREET ADDRESS	2929 E COMMERCIAL PH#A	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STEWART, JOYCE	
STREET ADDRESS	300 SW 14TH CT	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CECIL, MAUREEN F.	
STREET ADDRESS	6230 NW 26TH CT	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGOUGH, WILLIAM	
STREET ADDRESS	7912 SW 3RD ST	
CITY-ST-ZIP	NORTH LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Acting P/T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stewart, Joyce T.	
STREET ADDRESS	289 E. Oakland Park Blvd.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33334	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McGough, William	
STREET ADDRESS	13 Royal Palm Way, # 603	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Van Vorst, John	
STREET ADDRESS	2159 S.E. 9th Street	
CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Appel, Elaine	
STREET ADDRESS	1882 N.W. 97th Avenue	
CITY-ST-ZIP	Plantation, FL 33322	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stewart, Adam	
STREET ADDRESS	2015-C Lake Park Drive	
CITY-ST-ZIP	Smyrna, GA 30080	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOYCE T. STEWART

3/28/02

(954) 561-5821

CR2E037 (9/01)